

*Fee Only*

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Address for  
Mail Stop RCE  
Commissioner for Patents  
P.O. 1450  
Alexandria, VA 22313-1450

|                        |                    |
|------------------------|--------------------|
| Application No.        | 09/872,275         |
| Filing Date            | May 31, 2001       |
| First Named Inventor   | Stuart W. Sherlock |
| Art Unit               | 2337               |
| Examiner Name          | Tsai, Carol S. W.  |
| Attorney Docket Number | 42390P10435        |

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Requests for Continued Examination (RCE) practice under 37 CFR § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114** [Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).]
- Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
    - Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_ (Any unentered amendment(s) referred to above will be entered).
    - Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
    - Other \_\_\_\_\_
  - Enclosed
    - Amendment/Reply
    - Information Disclosure Statement (IDS)
    - Affidavit(s)/Declaration(s)
    - Other \_\_\_\_\_
2. **Miscellaneous**
- Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(e) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
  - Other \_\_\_\_\_
3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.
- This Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0221, Intel Corporation
    - RCE fee required under 37 C.F.R. § 1.17(e) and any additional claims fee(s)
    - Extension of time fee (37 C.F.R. § 1.136 and 1.17)
    - Other: (\$0.00)
  - Check in the amount of \$1,720.00 enclosed
  - Payment by credit card (Form PTO-2038 enclosed)

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                   |                  |                                   |        |
|-------------------|------------------|-----------------------------------|--------|
| Name (Print/Type) | Kenneth J. Conti | Registration No. (Attorney/Agent) | 40,570 |
| Signature         | <i>Ken Conti</i> |                                   |        |
| Date              | May 10, 2004     |                                   |        |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

|                   |                         |
|-------------------|-------------------------|
| Name (Print/Type) | Kristin Matheson        |
| Signature         | <i>Kristin Matheson</i> |
| Date              | 5/10/04                 |

Based on PTO-970 (00-00) as modified by Boley, Slatton, Taylor & Zehfuss 1-10-00/1-00-00  
56143 TO USA 37th RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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07/10/2004 AWALKER 00000001 500221 09872275

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PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

09/872275

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS                     |              |                          |
|----------------------------------|--------------|--------------------------|
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   | *                        |
| INDEPENDENT CLAIMS               | minus 3 =    | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE  OR OTHER THAN SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X42=      |        | OR X84=      |        |
| +140=     |        | OR +280=     |        |
| TOTAL     |        | OR TOTAL     |        |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | MINUS                    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|--------------------------|------------------------------------|---------------|
|  |                                  |                          |                                    |               |
| Total  | 30                               | Minus                    | 20                                 | =             |
| Independent                                    | 3                                | Minus                    | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  | <input type="checkbox"/> |                                    |               |

SMALL ENTITY TYPE  OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X42=             |                | OR X84=             |                |
| +140=            |                | OR +280=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT B                                    | CLAIMS RELATING AFTER AMENDMENT | MINUS                    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---------------------------------|--------------------------|------------------------------------|---------------|
|  |                                 |                          |                                    |               |
| Total  | 30                              | Minus                    | 30                                 | =             |
| Independent                                    | 3                               | Minus                    | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 | <input type="checkbox"/> |                                    |               |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X42=             |                | OR X84=             |                |
| +140=            |                | OR +280=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS RELATING AFTER AMENDMENT | MINUS                    | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---------------------------------|--------------------------|------------------------------------|---------------|
|  |                                 |                          |                                    |               |
| Total  | 27                              | Minus                    | 30                                 | =             |
| Independent                                    | 3                               | Minus                    | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 | <input type="checkbox"/> |                                    |               |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X42=             |                | OR X84=             |                |
| +140=            |                | OR +280=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.